



**Imperial County Behavioral Health Services**  
**Public Reporting of Prior Authorization Metrics - Drug Medi-Cal Organized Delivery System (DMC-ODS)**  
**CY 2025**

Type of Request	Services Requiring Prior Authorization	Total Prior Authorization Requests Received	Approved				Denied				Appeal	Extension
			Total Prior Authorization Requests Approved	% Prior Authorization Requests Approved	Avg Time Between Request and Determination	Median Time Between Request and Determination	Total Prior Authorization Requests Denied	% Prior Authorization Requests Denied	Avg Time Between Request and Determination	Median Time Between Request and Determination	% Prior Authorization Requests Approved After Appeal	% Prior Authorization Requests Approved After Extension
<b>Standard</b>	Inpatient	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Residential	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Expedited</b>	Inpatient	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Residential	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total</b>	Inpatient	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Residential	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Grand Total</b>		<b>0</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

Services Requiring Prior Authorization:

- Inpatient
- Residential Treatment